

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	NW	76536	03/30/00
O.I.P.E. CLASSIFIER		72	4/13
FORMALITY REVIEW	LH	60105	5-730
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
5	12
1	13
2	0 0 ✓
3	0 0 0
4	0 0 ✓
5	✓ ✓ ✓
6	✓ ✓ ✓
7	0 0 =
8	✓ ✓ =
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Claim	Date
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If more than 150 claims or 10 actions  
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Best Available Copy